

**Division of Rehabilitation Counseling & Psychology
University of North Carolina at Chapel Hill
Checklist of Student Requirements to Participate in Fieldwork**

Please complete the following requirements and return to:

UNC-CH, Division of Rehabilitation Counseling & Psychology, 2083 Bondurant Hall, CB 7205, Chapel Hill, NC 27599-7205. **All documentation for requirements is due to RCP Program Assistant no later than August 24, 2009 for all students.**

Student Name (full name)	
Local Address	
Local Phone	
Date Completed	

**STUDENT REQUIREMENTS TO PARTICIPATE IN CLINICAL TRAINING (all levels)
updated 7/09**

Requirement/Completed	Activity	Documentation*
<input type="checkbox"/> Personal Health and Accident Insurance	Student obtains insurance through Campus Health Services or other insurance carrier. Student keeps division updated on any changes to insurance. Professional Liability insurance is covered by UNC for 7/1/06-6/30/07. Covered individuals are subject to a limit of \$3 million for all damages against a covered individual arising out of a single claim. The total limit of liability for all loss arising out of a single claim is \$7 million regardless of the number of insured's involved.	Provide Division with insurance card at the start of the program which will be photocopied and placed in the student's records in the DRCP office suite. Students must provide Division with changes to the insurance agency or policy number. For more information about student insurance at UNC go to : http://campushealth.unc.edu/
<input type="checkbox"/> Immunization and Health Records	Student obtains this prior to admission to program. Additional health reports may be required by certain fieldwork sites.	Students provide the Division with a copy of the immunization record. (Same as what was provided to student health.)

Immunizations REQUIRED pursuant to North Carolina state law and institutional policy:

Students of age 17 or younger:

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses; one Td or Tdap (Tetanus, Reduced Diphtheria and acellular Pertussis) booster must have been within the past 10 years
- 3 Polio doses
- 2 Measles (Rubella), 1 Mumps, 1 Rubella (2 MMR doses meet this requirement and is preferred)

Students born in 1957 or later and 18 years of age or older:

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses; one Td or Tdap (Tetanus, Reduced Diphtheria and acellular Pertussis) booster must have been within the past 10 years
- 2 Measles (Rubella), 1 Mumps, 1 Rubella (2 MMR doses meet this requirement and is preferred)

Students born before 1957:

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses; one Td or Tdap (Tetanus, Reduced Diphtheria and acellular Pertussis) booster must have been within the past 10 years
- 1 Rubella dose (MMR meets this requirement) (not required if student is 50 years of age or older)

<input type="checkbox"/> Tuberculosis test	Students are responsible for having TB test performed every 12 months, or more often as required by clinical sites. This can be done at student health service or other medical sites.	Copies of the record of TB test results and dates are provided by the student to the division, with no lapse of greater than 12 months. Some sites require 30-day TB tests.
<input type="checkbox"/> CPR Training	Students must maintain current CPR certification. (Re-certification every 12 months.) Sources: American Heart Association (preferred) and American Red Cross.	Copies of the record of CPR results and dates are provided by the student to the division, with no lapse of greater than 12 months. http://www.americanheart.org or http://www.redcross.org
<input type="checkbox"/> Hepatitis B	Optional Hepatitis B series to be obtained by student.	<u>Hepatitis B record or wavier.</u>
<input type="checkbox"/> OSHA Training	Student will complete on-line OSHA training Students complete two sections: <ul style="list-style-type: none"> <input type="checkbox"/> Blood borne Pathogens <input type="checkbox"/> Tuberculosis/General Infection 	Student will complete On-line evaluations on OSHA standards and provide Division printed results of online testing. http://ehs.unc.edu/training/self.shtml
<input type="checkbox"/> Health Information Portability and Accountability Act (HIPAA) Training	Student will complete online HIPAA training (complete Option 1)	Student will complete On-line HIPAA Training Module http://hipatrain.med.unc.edu/html/hipaa/trainingintro.html
<input type="checkbox"/> Drug Testing and Fingerprinting	Some sites may require drug testing and fingerprinting prior to clinical experience. (This may be at the cost to the student.)	Students will be informed if this is required of a field site to which they are assigned.
<input type="checkbox"/> Criminal Check	A criminal offense may affect a graduate's eligibility for participation in clinical rotations and consequent degree receipt. Criminal background checks will be conducted on all students prior to their participation in practicum and internship. Positive results of the checks will be shared with the student's clinical site. Each clinical site has the right to make a determination about student suitability for participation at the site based on the results of the background check Please note that participation in clinical rotations is mandatory for degree confirmation.	You will be notified by e-mail by the agency CERTIPHI Screening Incorporated that your name has been submitted for a criminal background check. They will require payment (approximately \$25) prior to initiating the check. Please note that for those students who have a name change two separate criminal background checks will be done and CERTIPHI requires you must pay for both.
<input type="checkbox"/> Liability Insurance	The school maintains liability insurance coverage for students participating in required fieldwork experiences.	The school will provide copies of documentation of liability coverage as needed.
<input type="checkbox"/> Handbook and Policies	I have completely read and fully understand the Student Handbook/Policies. I agree to abide by all the policies listed therein.	Signature <hr/> Date